

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD. 262 (REV. 10/92)

Page 1 of 1

CLAIMANT'S NAME David Crane			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Special Advisor			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol Building			TELEPHONE NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

Feb-10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
										MILES	AMOUNT			
02-Feb	5pm	SF to San Jose	87.56			18.00				21.00	49	21.81		148.37
03-Feb	2pm	San Jose to SF									49	21.81		21.81
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			87.56	0.00	0.00	18.00	0.00	0.00	0.00	21.00	98	43.61	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$170.17	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

2/2-2/3: GS Building America's Future event in San Jose

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240959

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CITY		DATE 3/17/10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE 3/25/10	

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POSITION Special Advisor			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol Building			INDEX NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS				INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	DINNER					CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
20-Feb	6am	SFO to IAD	342.36			18.00			1,265.80	Airline	60.00	0.00	175.00	1,861.16
21-Feb		Washington, DC	342.36					6.00				0.00	15.40	363.76
22-Feb	11:55pm	IAD to SFO						6.00			120.00	0.00		126.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			684.72	0.00	0.00	18.00	12.00		1,265.80	0.00	180.00	0	190.40	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													2349.22	\$2,350.92

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)
2/20-2/22: National Governors' Association meetings in Washington, DC with GS

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445

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pertaining to vehicle and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 3/22/10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
SIGNATURE	AUTHORITY FOR SPECIAL EXPENSES		DATE 3/25/10

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER 240959